

South Dakota Board of Social Work Examiners

dss.sd.gov/licensingboards/social.aspx

810 N. Main Street, Suite 298

Spearfish, SD 57783

Phone: 605.642.1600

Fax: 605.722.1006

Email: proflic@rushmore.com



November 8, 2018

Dear Licensed Certified Social Worker,

The South Dakota Board of Social Work Examiners has been notified by the Department of Social Services that in effort to expand Medicaid eligible outpatient behavioral health providers, administrative rules are being brought forward by the Department of Social Services to add Certified Social Workers working toward becoming a Certified Social Worker – Private Independent Practice as a Medicaid eligible outpatient behavior health provider starting in January 2019. The CSW must be under a Board approved supervision agreement.

The proposed rules are posted on the Administrative rules website for South Dakota at <https://rules.sd.gov/agency.aspx?agency=DSS%20%20Department%20of%20Social%20Services>.

If you are a Licensed CSW under a Board approved contract for supervision, you must to respond to the Board office by November 20, 2018 to confirm your plan of supervision. Your name and contact information will then be provided to Department of Social Services and added to the list of professionals qualified to sign a provider agreement with the department to provide mental health services.

Please be advised, it is the licensee's responsibility that adequate and timely supervision reports are being submitted to the Board office, including notifying the Board of any completion or termination in supervision via the "Completion or Termination in Supervision" form located on the website. Should a break or termination in supervision occur, the licensee must immediately notify the Board office.

We remind all licensees under a current contract for supervision of their responsibility to ensure their supervisor is submitting the evaluation reports every 6 months as required by ARSD chapter 20:59:05 (which covers supervision requirements) along with the final "Completion or Termination in Supervision" form. If the Board office does not receive the evaluations, you will not be in compliance with ARSD chapter 20:59:05.

If you are not currently under a contract for supervision, there is nothing further you need to do at this time.

Please contact the Board office if you have any questions.

Sincerely,

Carol Tellinghuisen
Executive Secretary

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Please complete the information below and mail back to:
SD Board of Social Work Examiners, 810 N. Main St. #298, Spearfish, SD 57783

PLEASE RETURN BY NOVEMBER 20, 2018

| | |
|--------------------------------|--|
| Name: | |
| License Number: | |
| Supervisor | |
| License Number: | |
| Contract approval date: | |

Please be advised, by disseminating this list to the Department of Social Services, the South Dakota Board of Social Work Examiners does not endorse any social worker, nor does the Board attest whether any particular social worker is competent to provide mental health services.

By choosing yes, you are attesting that you are under a Board approved supervision agreement. Your name will be included on the list submitted to the Department of Social Services as a Medicaid eligible outpatient behavioral health provider.

☐ Yes, I attest that I am under a Board approved supervision agreement.

I further attest that I understand that it is my responsibility to immediately notify the Board office should a break or termination in supervision occur, or supervision is complete.

Printed Name: _____

Signature: _____

Date: _____